

SON: 1622 SOI: VAP2



INFORMATION FOR SUBMISSION OF FINGERPRINTS

Fingerprints are required prior to being issued a PIV Card and/or authorized systems (computer) access. If a background investigation National Agency Check with Written Inquiries (NACI) is required, systems access will not be authorized until ALL completed forms have been submitted to HRMS.

This form must be completed in its entirety prior to being fingerprinted.

Part 1: To be completed by applicant

Name: _____
Last, first, middle

Alias: _____
(Former/Other Name(s) Used)

☐ Male

☐ Female

Race: _____

SSN: _____ - _____ - _____

Eye color: _____ Hair color: _____

Height (ft/in): _____ Weight (lbs): _____

DOB: Year _____ Month _____ Day _____

Place of birth: _____
(City, State, Country)

Country of Citizenship: _____

Resident address: _____
(Street Address/City/State/Zip Code)

Position/Job title: _____

Email address: _____

Part 2: To be completed by referring service

This individual will be assigned to _____ *(Service)*

Signature Approving Service Officer

date

phone

TYPE OF APPOINTMENT

VA/HRMS	Volunteer	WOC	
<input type="checkbox"/> VA Paid Employee	<input type="checkbox"/> Volunteer, SAC	<u>Research</u>	<u>Non-Research</u>
<input type="checkbox"/> Fee Basis	<input type="checkbox"/> Volunteer, NACI	<input type="checkbox"/> NCIRE, NACI	<input type="checkbox"/> Student affiliation: _____
<input type="checkbox"/> PIV Reissuance		<input type="checkbox"/> UCSF, NACI	<input type="checkbox"/> Intern affiliation: _____
		<input type="checkbox"/> Other, NACI from: _____	<input type="checkbox"/> Resident affiliation: _____
			Non-Affiliated School: _____
			<input type="checkbox"/> SAC
			<input type="checkbox"/> NACI

Part 3: To be completed by HRMS

Signature WOC Coordinator: _____ Date: _____

Fingerprinted by: _____ Date: _____

Consent for FBI Fingerprint Check

I authorize the VA to release this information to the Office of Personnel Management (OPM) and to the FBI to conduct a check of fingerprints in FBI files. Information received as a result of the fingerprint check will only be provided to those with a need to know.

The information you give us is for the purpose of determining your suitability for Federal employment, study, volunteer service, etc. We will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of this information are governed by the Privacy Act.

This information is required in order to work, train, and volunteer, or otherwise to provide or to receive service with the VA.

Signature :

Date :

Privacy Act Statement

The Privacy Act Statement of 1974 requires that when we ask you for information, we state our legal right to do so, why we are asking for the information, and how it will be used. We must also tell you what could happen if you do not provide it and whether your response is voluntary, required to obtain a benefit or mandatory.

Our legal right to ask for the information is 5 USC 301, and Executive Order 9397. We are asking for this information to investigate your background and determine your suitability for employment.

Disclosure of the information may be made to Federal, state and local agencies, and judicial authorities as authorized by law. Violations or potential violations of law, whether civil, criminal or regulatory in nature may be reported to appropriate agencies that have the responsibility for investigating or prosecuting such violations or are charged with enforcing or implementing such laws.

Your failure to complete the **pre-appointment/post-appointment** information on this form may mean that the required information cannot be obtained to determine your suitability and/or conduct an investigation. Without this information, a determination as to your suitability for Federal employment cannot be made and may result in you not being considered for employment; or a determination may be made that you are unsuitable for your position.
